Effective on 12/08/2004.		Countate & Vaccoun			
Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).		Complete if Known			
FEE TRANSMITTAL				89,181	
For FY 2009		Filing Date		06/04/2007	
TOI F1 2009		First Named Inve		ijkje Cornelia Sprong	
Applicant claims small entity status. See 37 CFR 1.27		Examiner Name		David S. Romeo	
70 4440 00		Art Unit	1647	(0070	
TOTAL AMOUNT OF PAYMENT (\$) 1110.00		Attorney Docket 0470 - 062		52372	
METHOD OF PAYMENT (check all that apply)					
Check Credit Card Money Order Other (please identify):					
Deposit Account Deposit Account Number: 23-0650 Deposit Account Name:					
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)					
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee					
Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17					
WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.					
FEE CALCULATION (All the fees below are due upon filing or may be subject to a surcharge.)					
1. BASIC FILING, SEARCH, AND EXAMINATION FEES					
FILING FEES SEARCH FEES EXAMINATION FEES					
Small E	1 Entity Small Entity		73T	- * 1 (0)	
Application Type Fee (\$) Fee (		Fee (\$) Fee (		Fees Pa	aid (\$)
Utility 330 82	540	270 220			<del></del>
Design 220 110	100	50 140	70		
Plant 220 110	330	165 170	85		
Reissue 330 165	540	270 650	325		
Provisional 220 110	0	0 0	0		
2. EXCESS CLAIM FEES					Small Entity
Fee Description					Fee (\$)
Each claim over 20 (including Reissues) 52					26
Each independent claim over 3 (including Reissues)					110
Multiple dependent claims				390	195
<u>Total Claims</u> - 20 or HP <u>Extra Claims</u> <u>Fee (S</u>		(\$) Fee Paid	<u>(\$)</u>	Multiple De	ependent Claims
18 =	0 x	=0	<del></del>	<u>Fee (\$)</u>	Fee Paid (\$)
HP = highest number of total claims paid for, if	greater than 20.				
Indep. Claims - 3 or HP Ext	ra Claims Fe	e (\$) Fee Paid	<u>l (\$)</u>		
1 =	0 x	= 0			
HP = highest number of independent claims paid for, if greater than 3.					
3. APPLICATION SIZE FEE  If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under					
37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50 sheets or fraction thereof.					
See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).  Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)					
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$)  - 100 = /50 = (round up to a whole number) x = =					1001111111111
					Fees Paid (\$)
4. OTHER FEE(S)  Non-English Specification, \$130 fee (no small entity discount)					rees rain (φ)
Other (e.g., late filing surcharge): Three-Month Extension of Time filing fee					\$1110.00
Other (e.g., late hing outstange).					
SUBMITTED BY					
Signature Registration No. (Attorney/Agent) 60,792 Telephone 412-471-881					12-471-8815
Name (Print/Type) / Taressa J. Ferlus / Date March 8, 2010					

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